SF 278 (Rev. 03/2000) 5 CFR Part 2634 U.S. Office of Government Ethics

## **Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT**

Form Approved: OMB No. 3209-0001

Date of Appointment, Candidacy,	r Keboring Status		· ·	ermination	Termination Date (If Appli-	Fee for Late Filing									
Election, or Nomination (Month, Day, Year)	(Check Appropriate Cov		ninee, or Fi	iler	cable) (Month, Day, Year)	Any individual who is required to file this									
	Boxes)	Can	nuarc —			report and does so more than 30 days after the									
Domontin o	Last Name		First Name and Middle	Initial		date the report is required to be filed, or, if an extension is granted, more than 30 days after the									
Reporting Individual's Name						last day of the filing extension period shall be									
Individui 5 Ivanie					subject to a \$200 fee.										
	Title of Position	Title of Position Department or Agency (If Applicable)													
Position for Which Filing						Reporting Periods									
						Incumbents: The reporting period is the preceding calendar year except Part II of									
<b>Location of Present Office</b>	Address (Number, Street, City, State, and ZIP	Code)		Telepho	one Number (Include Area Code	Schedule C and Part I of Schedule D where									
(or forwarding address)						you must also include the filing year up to the date you file. Part II of Schedule D is not									
(		applicable.													
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held	<b>Termination Filers</b> : The reporting period													
Government During the Preceding 12						<b>Termination Filers</b> : The reporting period begins at the end of the period covered by your									
Months (If Not Same as Above)				previous filing and ends at the date of termination. Part II of Schedule D is not											
Presidential Nominees Subject	Name of Congressional Committee Considerin	g Nomination	Do You Intend to Crea	te a Qualifie	ed Diversified Trust?	applicable.									
to Senate Confirmation	Not Applicable		Yes	[	No	Nominees, New Entrants and Candidates for									
		i tes No													
				15		Schedule A The reporting period for income									
Certification	Signature of Reporting Individual			Dat	te (Month, Day, Year)	(BLOCK C) is the preceding calendar year and the current calendar year up to the date of									
I CERTIFY that the statements I have made on this form and all attached						filing. Value assets as of any date you choose that is within 31 days of the date of filing.									
schedules are true, complete and															
correct to the best of my knowledge.	Signature of Other Reviewer			Dat	te (Month, Day, Year)	Schedule B Not applicable.									
Other Review	Signature of Other Reviewer			Dai	te (Montii, Day, Teat)	Schedule C, Part I (Liabilities) The reporting period is the preceding calendar year and the									
(If desired by agency)															
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Officia	l/Paviawing Official		Dat	te (Month, Day, Year)	current calendar year up to any date you choose that is within 31 days of the date of									
On the basis of information contained in this	Signature of Designated Agency Lunes Official	in ite viewing Official		Dai	te (Month, Day, Tear)	filing.									
report, I conclude that the filer is in compliance						Schedule C, Part II (Agreements or									
with applicable laws and regulations (subject to any comments in the box below).						Arrangements) - Show any agreements or									
	Signature			Dat	te (Month, Day, Year)	arrangements as of the date of filing.									
Office of Government	0					Schedule D The reporting period is the preceding two calendar years and the current									
Ethics Use Only						calendar year up to the date of filing.									
Comments of Reviewing Officials	(If additional space is required, use the re	everse side of this shee	<i>t)</i>	ı											
		(Check box if filing	extension granted & ind	icate numbe	er of days)										
						Agency Use Only									
			(Check box if comment	s are contin	ued on the reverse side)										

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Reporting Individual's Name	Comments continued from first page	Page Number
	Commond Command from 1115t page	of

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Reporting	Individual's Name												S	CI	ΗE	DU	LF	EΑ													Pa	Page Number  2 of			
	Valuation of Assets at close of reporting period														<b>Income:</b> type and amount. If "None (or less no other entry is needed in Block C for that it														ess it ite	s than \$201)" is checked, tem.					
	BLOCK A	BLOCK B															BLOCK C																		
production value excee reporting pt \$200 in inc together wi  For yoursel amount of than from the spouse, repearned inco	our spouse, and dependent children, asset held for investment or the of income which had a fair market ding \$1,000 at the close of the eriod, or which generated more than ome during the reporting period, th such income.  If, also report the source and actual carned income exceeding \$200 (other he U.S. Government). For your ort the source but not the amount of more than \$1,000 (except ctual amount of any honoraria over ir spouse).	None (or less than \$1,001)	\$15,000		<b>\$</b> 50,001 - \$100,000	\$100,001 - \$250,000	1	\$500,001 - \$1,000,000	0,0	\$1,000,001 - \$5,000,000	<del>♥</del>	\$25,000,001 - \$50,000,000	\$0ver \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000 *	000,000,	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria		
Examples	Central Airlines Common  Doe Jones & Smith, Hometown, State  Kempstone Equity Fund			X	<u>X</u>	X		_						 X		_	X				_	1 1	X									Law Partnership Income \$130,000			
1	IRA: Heartland 500 Index Fund							X						X											X										
2																																			
3																																			
4																																			
5																																			
6																																			
* This ca	tegory applies only if the asset/inco	ome i	s so	lely	that	of t	ne fi	ler':	s spo	ouse	or	lepe	ende	nt c	hildı	ren.	If	the a	isset	/inc	ome	e is e	eithe	er th	at o	f the	e file	er or	i joii	ntly	helo	l by the file	r with the		

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spouse or dependent children, mark the other categories of value, as appropriate.

Reporting Individual's Name	SCHEDULE A continued (Use only if needed)															Pa	Page Number														
	(Ose only if ficeded)															of															
Assets and Income	Valuation of Assets at close of reporting period														<b>Income:</b> type and amount. If "None (or less no other entry is needed in Block C for that												less at it	s than \$201)" is checked, tem.			
BLOCK A	BLOCK B																	BLOCK C													
																Type							Amoun								1
	or		\$50.001 - \$100.000		1	\$500,001 - \$1,000,000	13.	\$1,000,001 - \$5,000,000		\$25,000,001 - \$50,000,000	12	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	-1	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000 *	\$1,000,001 - \$5,000,000	10:	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1																															
2																															
3																															
4																															
5																															
6																															
7																															
8																															
9																															

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<sup>\*</sup> This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other categories of value, as appropriate.